

Application Data Sheet**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular   |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                | 0   |
| Number of Copies of CDs::           | 0   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | DEVICE FOR THE ANALGESIC<br>IMMOBILISATION OF BROKEN RIBS |
| Attorney Docket Number::            | 9007-1014   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          | 6   |
| Total Drawing Sheets::              | 4   |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent<br>Appl.?:: | No  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full Capacity  
Given Name:: KALMAN  
Middle Name::  
Family Name:: BOLLA  
Name Suffix::  
City of Residence:: NEUHAUSEN AM RHEINFALL  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing RABENFLUHSTRASSE 25  
Address::  
City of Mailing Address:: NEUHAUSEN AM RHEINFALL  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: CH-8212

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of    | PCT/CH2004/000109       | 3/1/04                  |
|                  |                      |                         |                         |

**Foreign Priority Information**

| Country::   | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
|-------------|-------------------------|---------------|-----------------------|
| SWITZERLAND | 328/03                  | 3/3/03        | Yes                   |
|             |                         |               |                       |

**Assignment Information**

Assignee Name:: CHRISOFIX AG  
Street of Mailing RABENFLUHSTRASSE 25  
Address::  
City of Mailing Address:: NEUHAUSEN  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: CH-8212